

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550584

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
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12		1		1		
13		1		1		
14		1		1		
15	1		1			
16		1		1		
17		1		1		
18		3		1		
19		3		1		
20		1		1		
21		3		1		
22		1		1		
23		3		1		
24		1		1		
25	1		1			
26		1		1		
27		1		1		
28		3		1		
29		3		1		
30		1		1		
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50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	50	←	33	←		←
TOTAL CLAIMS	53		36			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						